



Combined Fund Drive Contribution Form

Note: Any recurring payroll pledges made via this form will supersede any existing recurring payroll donations, i.e. \$5 will not be added to an existing donation, but will replace the existing donation amount.

CFD Website: <http://hr.dop.wa.gov/cfd> - Telephone Number: (360) 664-1995 - E-mail: cfid@dop.wa.gov

Mailing Address: PO Box 47500 Olympia, WA 98504-7500

EMPLOYEE INFORMATION

Please print clearly – incomplete or illegible forms may be returned as they are difficult to process

PRINT LAST NAME		PRINT FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY #
PHONE #		E-MAIL		MAIL STOP	
COUNTY OF WORK CODE (See back of form)		AGENCY CODE (See back of form)		SUB-AGENCY CODE (See your Campaign Leader for the appropriate code)	

PLEDGE 1

Consult your charity guide and choose from any of the listed organizations. Choose only one payment method for this pledge.

CHARITY CODE (from guide)		CHARITY NAME			
PAYMENT METHOD (check one)				AMOUNT (monthly or one-time)	TOTAL AMOUNT (if monthly)
<input type="checkbox"/> Payroll (Monthly x 12) <input type="checkbox"/> Payroll (One-Time) <input type="checkbox"/> Personal Check				\$ _____	\$ _____

PLEDGE 2

Consult your charity guide and choose from any of the listed organizations. Choose only one payment method for this pledge.

CHARITY CODE (from guide)		CHARITY NAME			
PAYMENT METHOD (check one)				AMOUNT (monthly or one-time)	TOTAL AMOUNT (if monthly)
<input type="checkbox"/> Payroll (Monthly x 12) <input type="checkbox"/> Payroll (One-Time) <input type="checkbox"/> Personal Check				\$ _____	\$ _____

PLEDGE 3

Consult your charity guide and choose from any of the listed organizations. Choose only one payment method for this pledge.

CHARITY CODE (from guide)		CHARITY NAME			
PAYMENT METHOD (check one)				AMOUNT (monthly or one-time)	TOTAL AMOUNT (if monthly)
<input type="checkbox"/> Payroll (Monthly x 12) <input type="checkbox"/> Payroll (One-Time) <input type="checkbox"/> Personal Check				\$ _____	\$ _____

PLEDGE 4 or Write-In Pledge

If the charity you wish to give to is not listed in the charity guide, please fill out the information below. Choose only one payment method for this pledge.

CHARITY CODE (from guide)		CHARITY NAME			
PAYMENT METHOD (check one)				AMOUNT (monthly or one-time)	TOTAL AMOUNT (if monthly)
<input type="checkbox"/> Payroll (Monthly x 12) <input type="checkbox"/> Payroll (One-Time) <input type="checkbox"/> Personal Check				\$ _____	\$ _____

Write-In Charity

CHARITY NAME			EIN #		
CHARITY ADDRESS		CITY		STATE	ZIP
CHARITY CONTACT NAME		CHARITY CONTACT EMAIL			
CHARITY PHONE #		CHARITY FAX #			
CHARITY EMAIL		CHARITY WEBSITE (optional)			

PAYMENT: Review the information about your selected payment method.

Payroll

\$2.00 Minimum Donation Required
One-time Contribution: Deduction will be made in the new calendar year
Monthly Payroll Donation: Deductions will occur beginning in the new calendar year

Personal Check

Make check payable to: "Combined Fund Drive".
Write your Agency Code on the memo line. Check will be divided among the charities as indicated above.
Or make separate checks payable to each charity receiving your contribution.
Note: checks must be stapled to this form.

EMPLOYEE AUTHORIZATION

My monthly payroll deduction will continue automatically unless changed by completing a new Contribution Form, or canceled by submitting written notice to the CFD office.
In signing this form, I acknowledge that any contributions I have made in the past will be replaced with those designated above.

I hereby authorize the State of Washington to deduct the amount indicated from my pay provided that the amount deducted will be remitted on a regular basis in support of the charities of the Washington State Combined Fund Drive as specified above.

SIGNATURE (required to process your gift)

DATE (mm/dd/yyyy)

X

I authorize the release of the following information to my designated charities:

☐ I wish to remain anonymous ☐ Send my name and email only

Thank you for your participation!

Please give this form to your local Campaign Coordinator to be sent to the Combined Fund Drive at: PO Box 47500, Olympia, WA 98504-7500.

Please make a copy for your records.

☐ I do not wish to contribute.